

GONE DREAMING

RETURN SLIP - 30 DAY RETURN POLICY

**Note: Returns sent WITHOUT the return slip WILL NOT be processed.
Please fill in the below and include with the merchandise.**

Transaction ID: _____

Customer Name: _____

Emailaddress: _____

Address: _____

City: _____

State: _____ Zip Code: _____

ITEMS BEING RETURNED:

ITEM #	DESCRIPTION	QTY	PRICE EACH	TOTAL

REASON FOR RETURNING (Please check one):

- Defective Dissatisfied (explain below) Wrong Quantity
 Wrong Merchandise Received Wrong Merchandise Ordered Other (explain below)
 Changed Mind Duplicate Order/Shipment

Comments: _____

SEND MERCHANDISE TO: Gone Dreaming, LLC
136 Bancroft Ave
Staten Island, NY 10306